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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Zambia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$6.4 million, of which $4.5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.9 million from a combination of UNFPA regular resources and other sources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution	To be determined
Duration:	Three years
Estimated starting date:	January 1994
Executing agencies:	Government of Zambia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Commission for Development Planning

Zambia

Demographic facts

Population (000)		Average annual change (000)	
Total	9,381	Population increase	249
Males	4,642	Births	407
Females	4,739	Deaths	158
Sex ratio (/100 females)	98.0	Net migration	0
Urban	4,043	Annual population total (% growth)	2.84
Rural	5,338	Urban	3.34
Per cent urban	43.1	Rural	2.47
Population in year 2000 (000)	10,672	Crude birth rate (/1000)	46.4
Functional age groups (%)		Crude death rate (/1000)	18.0
Young child: 0-4	19.1	Net migration rate (/1000)	0.0
Child: 5-14	29.4	Total fertility rate (/woman)	6.33
Youth: 15-24	20.0	Contraceptive prevalence rate (% 15-44)	..
Elderly: 60+	3.6	Gross reproduction rate (/woman)	3.12
65+	2.3	Net reproduction rate (/woman)	2.22
Percentage of women aged 15-49	44.9	Infant mortality rate (/1000)	84
Median age (years)	15.7	Maternal mortality rate (/100,000)	151
Dependency ratios: total	103.0	Life expectancy at birth (years)	
(/100) Aged 0-14	98.4	Males	43.5
Aged 65+	4.6	Females	44.8
Agricultural population density (/hectare of arable land)	1.0	Both sexes	44.1
Population density (/sq. km.)	12	GNP per capita (U.S. dollars, 1991)	..

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1993. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1992 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects 1992 and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. EXECUTIVE PROGRAMME SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $6.4 million, of which $4.5 million would be programmed from UNFPA's regular resources, over a three-year period, starting January 1994, to assist the Government of Zambia in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.9 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be UNFPA's third comprehensive population programme for Zambia.

2. The proposed programme is based on: (a) the Government's National Population Policy adopted in May 1989; (b) the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission that visited Zambia in May and June 1993; (c) the Government's National Family Planning Programme; and (d) current governmental reforms designed to decentralize decision-making. The proposed programme has been designed to last three years in order to synchronize the programming cycles of UNDP, UNICEF and UNFPA after 1996.

3. The proposed programme has two major goals: (a) to help the Government in lowering the national population growth rate to a level compatible with sustainable development; and (b) to contribute to improving the general well-being of the Zambian population, particularly in regards to maternal and child health and family planning (MCH/FP). The specific goal has been set of reducing the population growth rate from 3.2 per cent in 1992 to 3.0 per cent in the year 2000. Under the proposed programme, UNFPA would help towards reaching that goal by equipping 120 health centres with family planning facilities in addition to the ones the Fund is already supporting.

4. The population of Zambia has nearly trebled in the past 30 years, from 3.5 million persons in 1963 to an estimated 9.4 million in 1992, according to United Nations statistics. The 1992 Demographic and Health Survey showed a total fertility rate of 6.5, with indications that the level of fertility may have begun to decline. The survey also showed that knowledge of family planning methods is high. However, the level of use of these methods is low: only 15.2 per cent are "currently" using any method, while 8.9 per cent use a modern method. Mortality rates had been declining in the past, though there is concern that they may now be increasing. The maternal mortality rate is high, estimated at 200 per 100,000 live births. Given this situation, the Government has been very forthright in its support for population and family planning programmes.

5. Since the early 1980s, Zambia has suffered very sharp economic and social deterioration. In 1985 the World Bank reclassified the country from low-middle income to low-income status, and in 1991 the United Nations General Assembly added Zambia to the list of Least Developed Countries. There have been severe repercussions in the provision of social services, including health services. Malnutrition has become a common problem, especially among children. The incidence of AIDS is increasing.

6. UNFPA began its assistance to Zambia in 1972 with support for analysing the 1969 census. The first comprehensive programme began in 1984. The second programme was appro ed for the period 1988 to 1992, in the amount of $10 million, then extended via a bridging arrangement through 1993. A major achievement of the second programme was the training of over 300 nurses and 2,200 traditional birth attendants (TBAs) and community health workers in perinatal care and family planning service delivery. A large part of the resources were devoted to information, education and communication (IEC) activities in order to increase the demand for family planning services and to help combat the high rate of adolescent pregnancies. IEC

activities were focused on the formal school system and the organized labour sector, which were perceived as efficient means of disseminating the family planning message.

7. The proposed programme has clearly focused aims for its family planning activities. The country's contraceptive prevalence rate is targeted to increase from 15.2 per cent in 1992 to 25 per cent by 2000, with a consequent decrease in the total fertility rate from 6.5 children per woman to 6.0. The aim is to make family planning services available, on a regular basis, in at least 50 per cent of the country's health centres by the end of the programme. This would require UNFPA to support an additional 120 service delivery facilities beyond those currently being supported by UNFPA and other agencies, particularly the United States Agency for International Development (USAID). UNFPA would also provide 20 per cent of Zambia's total annual contraceptive requirements.

8. Local IEC campaigns would be designed to mesh with the provision of family planning services in these 120 centres. In addition, the Ministry of Information and Broadcasting Services would implement a national information campaign through the Zambia Information Service. UNFPA would also support the completion of the analysis of the 1990 population census. In the area of women, population and development the Fund would provide support for research on the role and status of women within Zambian society as a basis for future efforts.

9. Zambia receives population assistance from a number of donor governments and international agencies. Several of these are active in areas also covered by UNFPA -- MCH/FP service delivery and the provision of contraceptives. In monetary terms, the largest of these programmes is that of USAID, but significant amounts are also provided by WHO, the World Bank, Norway, Sweden, the British Overseas Development Administration (ODA), the Netherlands, and the International Planned Parenthood Federation (IPPF). The Government recognizes UNFPA as the lead agency in population activities, serving as a focal point to see that the work of these donors is coordinated and that efforts are not duplicated. UNFPA is also working to increase the management capacities of the National Population Council so that it can assume this role.

10. All proposed programme activities would have built-in monitoring and evaluation components, and large and innovative projects would be subject to independent and in-depth evaluations at appropriate stages. In addition, all activities would be subject to standard progress reports, monitoring field visits, and tripartite review meetings. In-depth evaluations of the most significant areas, MCH/FP and IEC, would be undertaken before the end of 1995.

11. Recommendation. The Executive Director recommends that the Executive Board approve the proposed programme as presented below, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

II. BACKGROUND

12. The population of Zambia has nearly trebled in the past 30 years, from 3.5 million persons in 1963 to an estimated 9.4 million in 1992, according to the United Nations. The rate of growth is high and has been increasing, from 2.6 per cent a year in the 1963-1969 period to an estimated 3.2 percent a year in the 1990-1995 period. The 1992 Demographic and Health Survey showed a total fertility rate of 6.5, with indications that the level of fertility may have begun to decline. The survey also showed that knowledge of family planning methods is high, although the level of use of these methods is low: only 15.2 per cent are "currently" using any metho", while 8.9 per cent use a modern method.

13. Mortality rates had been declining in the past, though there is concern that they may now be increasing. Results from the 1992 Demographic and Health Survey indicate that infant and child mortality may have increased in recent times; they were estimated at 107 per 1,000 live births and 191 per 1,000 live births, respectively, in the five-year period (i.e., 1987-1991) before the survey. The maternal mortality rate is high, estimated at 200 per 100,000 live births.

14. The population is very young: those under 15 years of age make up an estimated 48.5 per cent of the total in 1992. Child dependency ratios are, therefore, high and have increased over the past two decades -- from 90:100 in 1969 to an estimated 104:100 in 1990. The rate of growth of the urban population is high but has declined very substantially in the past three decades, from 8.9 per cent a year in the period 1963-1969 to 3.7 per cent a year in the period 1980-1990. Despite the declines in growth, 43 per cent of the total population lives in urban areas, making Zambia the most urbanized country in sub-Saharan Africa.

15. Since the early 1980s, Zambia has suffered very sharp economic and social deterioration. In 1985 the World Bank reclassified the country from low-middle income to low-income status. In 1991, the United Nations General Assembly included Zambia on the list of Least Developed Countries. The deterioration in the economic situation was accompanied by the severe drought that affected the whole of southern Africa in 1991-1992. These developments have led to serious repercussions in the provision of social services for those population groups living in poverty, particularly the chronically unemployed, the disabled, agricultural smallholders, women and children. A decline in the provision of health services has occurred alongside the increase in poverty. As a result, malnutrition is a common problem; for example, it is estimated that 40 per cent of all children under 5 years of age, and about half of children between the ages of 2 and 5 years, are stunted; and over 40 per cent of the deaths of children in health institutions are due to malnutrition and related causes. There has been an increase in the incidence of various diseases, including AIDS.

16. Although the Government has long recognized the unsatisfactory situation of the majority of Zambian women, their health status continues to pose serious constraints to their social and economic advancement. More than half of all deliveries still take place at home. The upswing in infant, child and maternal mortality and the prevalence of malnutrition and anaemia among women also depict a state of general poor health. Adolescent childbearing, both within and outside marriage, is high. According to the 1992 Demographic and Health Survey, by age 19, two-thirds of girls either have given birth to or are pregnant with their first child and, by age 45-49, 80 per cent of Zambian women have given birth to six or more children. The risk of HIV infection is an added threat, since condom use, estimated by the Survey at 2 per cent among the population at risk, is so low. Moreover, most adolescents know little or nothing about the basic facts of reproduction. Most of the pregnancies among this age group, especially in urban areas, are unwanted and unplanned. At the University Teaching Hospital, it is estimated that 23 per cent of improperly performed abortions are among girls 19 years old and under. Yet, there is a striking absence of any concerted efforts geared towards adolescent reproductive health either within the Government or among NGOs.

17. The Government adopted a National Population Policy in May 1989, after considerable consultation and debate. The policy outlined a broad range of strategies to further the development process by redressing the problems caused by rapid population growth, a high level of urbanization, poor maternal and child health, deleterious environmental trends and the socially disadvantaged position of women. Specific targets were elaborated in the policy for population growth rates, fertility levels, infant mortality rates and family planning methods. The National Population Policy explicitly called for the establishment of a National Population Council (NPC) as an apex policy-making body overseeing the implementation of the population policy, but this has yet to be effected. Under the new Government, population issues (and family planning as a

component of strategies addressing growth rates and maternal and child health) have figured prominently in official pronouncements and documents.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

18. UNFPA first provided assistance to Zambia in 1972 with support to the Central Statistical Office for the analysis of the 1969 Census and to the Ministry of Health for the promotion and institutionalization of health education.

19. The first UNFPA country programme, totalling $2.8 million for the period 1984-1987, was intended to help the Government: (a) establish the Family Health Unit in the Ministry of Health; (b) introduce IEC programmes in both the formal and non-formal education sectors; (c) conduct in-depth analyses of the 1980 population census data and disseminate the results; (d) develop national capacity to plan and coordinate population programmes and to lay the groundwork to integrate population factors into national development planning; and (e) introduce a demography training programme at the University of Zambia.

20. The aim of the $10 million second country programme (1988 to 1992) was to assist the country in building its capacity to design, implement and coordinate a national population policy and programme. The specific areas of support were to help the Government: (a) establish a solid framework for a national MCH/FP programme; (b) integrate population education into the school curricula; (c) provide family life IEC and family planning services in the organized sector; (d) further develop communication support to population activities; (e) undertake the 1990 census; (f) strengthen government capabilities for integrating population factors into national planning; (g) strengthen demographic training and research at the University of Zambia; and (h) promote responsible parenthood through family life IEC services for women and youth.

21. Cumulative expenditures under the second country programme amounted to $8.6 million up to the end of 1992. Following the new Government's request, the UNFPA Executive Director approved an allocation of $1.0 million for 1993, which served as a bridging year before the commencement of the proposed programme in 1994.

Maternal and child health and family planning

22. Under the second country programme, activities were designed to achieve an integrated approach to MCH/FP and IEC activities, with the Family Health Unit of the Ministry of Health as the implementing agency. Major objectives included, among others, enhancing awareness among adults of family planning methods and where they can be obtained; increasing the level of contraceptive prevalence; and incorporating family planning into the curricula of nursing and midwife schools and other primary health care training programmes. This resulted in the in-service training of 314 nurses between 1988 and 1992, bringing to 1,180 the number of nurses and clinical officers trained since 1981. UNFPA assistance also helped to train 55 registered nurses in family planning management, as well as 2,200 TBAs and community health workers in pre- and post-natal care and family planning.

23. Although given priority in the new Government's 1992 health reform policy, implementation of the MCH/FP programme is constrained by critical institutional and programmatic factors, including: (a) the location in the Ministry of Health of the central operational unit of MCH/FP and its relationship with the newly created district health boards; (b) critical structural weaknesses in the health delivery system as a whole, including the lack of management capacity and trained staff and the non-integration of family planning into

daily service delivery; (c) the severe weaknesses of the logistics and management information systems; and (d) absence of information regarding the critical factors affecting utilization of family planning services.

24. Theoretically, 80 per cent of the country's health institutions offer family planning services, but in reality only about 30 per cent do so on a regular basis because of the shortage of trained personnel and frequent shortages of contraceptive supplies. Almost 60 per cent of current contraceptive users obtain their supplies from government facilities; the other 40 per cent of clients get theirs from the private sector. The National Family Planning Programme has therefore adopted such community-based distribution methods as employer and social marketing to complement services offered by government clinics. But these are still in their infancy and are being carried out by NGOs. These initiatives call for increased and better-trained human resources.

Information, education and communication

25. In the area of population IEC, UNFPA assistance was directed towards: (a) supporting MCH/FP and population activities through the mass media; (b) integrating population education into the curricula of the formal education system; and (c) promoting population and family welfare activities within organized labour groups.

26. Activities implemented by the Ministry of Information set out to accomplish two goals: to create widespread awareness of the causes and consequences of population growth, and to ensure popular participation in population and family welfare-related activities. The Ministry's activities helped mobilize support for the formulation and subsequent adoption of the National Population Policy and to increase visibility for population issues and create a high awareness of family planning. These efforts were complemented by activities in the organized sector aimed at building the institutional capacity of participating enterprises to provide family planning and family welfare education and services as part of their ongoing activities.

27. Population education activities in schools were launched on a pilot basis and were designed to lay a solid foundation for the full-scale introduction of population education in the entire education system. Since 1988, experimental population education courses have been introduced into 18 primary schools, 12 secondary schools and 4 teacher training colleges in three of the country's nine provinces. In its effort to introduce a more relevant national curriculum, the Government has recently developed a new primary school curriculum that includes population and family life education, and covers such related topics as HIV/AIDS, gender, and the environment, to be implemented from January 1995.

28. Population IEC efforts have created awareness among the general public about the demographic problems confronting Zambia and have increased the numbers of people (especially women of child-bearing age) who know about family planning methods. The data from the 1992 Demographic and Health Survey show that 89.4 per cent of all women, and 93.7 per cent of currently married women, are aware of a contraceptive method. However, the survey also showed that only 15 per cent of married women were using some type of family planning method. Major difficulties have been the lack of trained staff and the persistence of management and logistics problems.

Data collection and analysis, demographic training and research

29. UNFPA assistance for the 1990 census included the provision of technical advisory services, training, equipment and enumeration expenses. The census enumeration was completed as scheduled in

August/September 1990, and the preliminary report was published in February 1991. However, the analysis and dissemination of the data are very much behind schedule due to the unexpected withdrawal of vital donor assistance, diversion of staff and equipment from census work to other pressing statistical activities, inadequacy of planning, and exodus of skilled staff from the country. Nevertheless, the 1990 population census has put in place a framework for other important statistical activities. Still, strenuous efforts are now required to complete the analysis of the data to ensure timely achievement of census objectives.

30. UNFPA's assistance for strengthening demographic training at the University of Zambia started in 1985 and was meant to ensure completion of training of the first intake of undergraduates and counterpart staff. Such assistance helped to: (a) produce 64 graduates with expertise in demography and related fields who are now staffing many of the sectoral ministries; (b) establish a demography training unit as part of the University's Department of Social Development Studies; and (c) carry out the Demographic and Health Survey in 1992. The university programme has, however, suffered from the loss of teaching staff and the lack of adequate library and equipment facilities, the combination of which made it impossible for the University to mount short-term courses and workshops for professionals as originally planned.

Population policy formulation

31. In 1984, the Government directed the National Commission for Development Planning (NCDP) to draft a comprehensive national population policy. A series of projects in support of the Commission's Population and Development Planning Unit played a key role in the adoption and popularization of the national population policy and the subsequent design and development of a national family planning programme and a national population IEC programme as a basis for implementing the policy. Population factors were integrated into the Fourth National Development Plan (1989-1993) following guidelines developed by project staff. However, the new Government has abandoned long-term planning exercises in favour of short-term sectoral strategies. During the new programme cycle, it will be necessary to ensure that population issues are included in the formulation of these new initiatives.

Other external assistance

32. UNDP, UNICEF, WHO and the World Bank have been among the other multilateral donors active in population-related activities in Zambia. UNDP provided support to conduct the 1990 census as well as to collect and analyse socio-economic data. It is also providing assistance in the areas of HIV/AIDS prevention, women-in-development, water and sanitation, and youth programmes. UNICEF provides support for a wide range of activities, including MCH, child immunization, nutrition, functional literacy and basic education, HIV/AIDS prevention, training of TBAs and community health workers, and women's programmes. WHO provides support to HIV/AIDS control and prevention activities and to efforts to strengthen the MCH programme in the Ministry of Health and the human reproduction research capability at the University of Zambia. The World Bank is also formulating a health sector project to be launched in 1995 that will include assistance to the family planning programme.

33. Assistance for population-related activities has also been extended through bilateral channels. For example, the Norwegian Government provided support for the 1990 census, MCH/FP programmes and the 1992 Demographic and Health Survey and contributes to national HIV/AIDS prevention and women's activities. Swedish International Development Authority (SIDA) assistance has been used to procure contraceptives, support HIV/AIDS prevention activities, supply essential drugs, and support women-in-development activities. SIDA is now preparing a new programme of assistance to the health sector, to begin July 1994, in which sexual and reproductive health within the MCH/FP programme will be a major area of

support. USAID supplied micro computers for the processing of the 1990 census data, and until 1989 procured contraceptives for the MCH/FP programme. USAID is currently funding a five-year, $18 million social-marketing project to procure condoms for HIV/AIDS prevention and is preparing a five-year programme of assistance that will provide basic and in-service training for service providers; promote information, education and counselling activities; and provide family planning services through social marketing of contraceptives, community-based distribution and employer-based outlets and health centre clinics. ODA plans to provide $980,000 for contraceptive procurement, through UNFPA, for the period November 1993 to December 1994. For the period 1995-1999, ODA plans to provide funding to purchase contraceptives, through UNFPA, to meet approximately 70 per cent of government sector requirements and to strengthen the contraceptive logistics/MIS management. The Netherlands is supporting a primary health care programme in the Western and Northern Provinces, while Ireland is sponsoring 22 maternity centres in the city of Lusaka and will open new centres in the cities of Kitwe and Ndola in 1994. Neither of these programmes, however, have family planning components (e.g., post-partum counselling).

34. International Planned Parenthood Federation (IPPF) support is provided through the Planned Parenthood Association of Zambia for motivational activities in support of family planning, delivery of services and procurement of contraceptives and equipment.

IV. PROPOSED PROGRAMME 1994-1996

35. As recommended by the PRSD mission, the proposed programme would pursue the following strategies: (a) strengthen the integration of MCH/FP service delivery into the ongoing health sector reforms; (b) design and implement a multisectoral IEC programme for the formal and informal sectors; (c) ensure the timely availability and informed use of population data, programme service statistics and sociocultural information for planning, monitoring, designing and implementing appropriate interventions; (d) ensure that population factors are incorporated into the Government's policy and planning activities; (e) ensure that both internal and external resources and population activities are effectively coordinated; and (f) promote the empowerment of women and youth.

36. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

Maternal and child health and family planning

37. The primary objective of the UNFPA programme in the MCH/FP sector would be to contribute to an increase in the contraceptive prevalence rate from an estimated 15.2 per cent in 1992 to 25 per cent by the year 2000. A related objective would be to reduce the total fertility rate from 6.5 children per woman to 6.0 during the same period. Achieving this objective would involve a four-pronged approach: (a) enhancing people's access to family planning services; (b) ensuring a steady and adequate supply of contraceptives; (c) integrating family planning services into existing and new urban maternity centres; and (d) developing and implementing integrated reproductive health programmes for women. The UNFPA programme would also seek to help lower the present high levels of infant, child and maternal mortality; inhibit the spread of HIV/AIDS; and reduce the incidence of adolescent pregnancies.

38. In order to enhance access to family planning services, UNFPA proposes to provide support to strengthen the coordination, planning and management of the national family planning programme at the national level and to integrate quality family planning services into health-care services at delivery points at the district and community levels. The aim is to make family planning services available, on a regular basis, in at least 50 per cent of all the health institutions by the end of the programme. The UNFPA programme would provide assistance for management training and for resident advisory and technical backstopping services.

39. At the national level, UNFPA proposes to support an additional 120 service delivery facilities (equivalent to 10 per cent of the existing health facilities) by strengthening the planning and management of comprehensive family planning services provided as part of the routine services of these facilities and by providing necessary family planning equipment and supplies. The additional 120 health facilities would be selected from those districts that are beyond the present coverage of USAID assistance. UNFPA would organize workshops and seminars in the same districts to help sensitize local planners and managers to the benefits of family planning and to facilitate the setting of local targets needed to attain the national target of a 25 per cent contraceptive prevalence rate in the year 2000. UNFPA assistance would also be used to train and equip TBAs and community health workers in the target districts.

40. Under the proposed programme, UNFPA support for the procurement and distribution of contraceptives would be part of a larger, coordinated effort among the many donors active in Zambia. For its part, the Fund would provide assistance to procure 20 per cent of Zambia's total annual contraceptive requirements, the rest being procured through assistance provided by ODA, USAID and IPPF. To make the distribution of contraceptives more efficient, the Fund would support, in collaboration with UNICEF, ODA, USAID and SIDA, the development and management of effective contraceptive logistics and management information systems. To help diversify the contraceptive methods available, contraceptives procured through UNFPA would include Depo Provera, which was recently reintroduced in Zambia by the Ministry of Health. USAID would provide assistance to train health-care personnel in the use of long-term contraceptive methods and support efforts to remove legal constraints to contraceptive use.

41. UNFPA would also collaborate with UNICEF and SIDA in providing technical, operational and financial support to implement a reproductive health programme for women, to be integrated into MCH/FP activities. The primary objectives of this integrated approach would be to lower the high levels of infant, child and maternal mortality, reduce the incidence of adolescent pregnancies and reduce the rate of HIV/AIDS/STD infection. In this context, the Fund would extend support to selected NGOs to enable them to develop and implement programmes addressing these issues and to incorporate family planning information and services (e.g., post-partum counselling) into the maternity centres being supported by Ireland in the cities of Lusaka, Ndola and Kitwe.

42. UNFPA proposes to provide a total of $3.5 million for the MCH/FP sector, of which $1.5 million would be sought from other sources, including multi-bilateral sources. The Ministry of Health would be responsible for implementing and executing most of the local components of the MCH/FP programme while UNFPA would be the executing agency for the procurement, evaluation and research components.

Information, education and communication

43. UNFPA would provide support to develop and implement a multisectoral national IEC strategy with the primary objective of enhancing national capacities to formulate sustainable and systematic IEC interventions to increase demand for modern contraception and to bring about a change in current attitudes

about contraception. At the national level, UNFPA support would go towards strengthening IEC activities through institutional support and technical assistance to the Zambia Information Service of the Ministry of Information and Broadcasting Services, which is the focal department for population information.

44. Under the proposed programme, UNFPA would also support training of IEC personnel at national, provincial and district levels in IEC management, strategy design, and research. Short- and long-term training programmes would be organized through the Department of Mass Communication at the University of Zambia and the Institute of Mass Communication. UNFPA would support qualitative sociocultural research to help explain the gap between knowledge of contraceptives and their use and as a way of ascertaining the IEC needs of the population in the districts where the targeted 120 health centres are located. Workshops and seminars would also be organized to sensitize and educate district programme managers and planners (including district political leaders and other opinion leaders) on various family planning concerns (e.g., men's commitment to family planning, allaying fears about contraceptive methods, religious concerns, etc.).

45. With respect to youth, UNFPA would provide support to strengthen the capacity of various NGOs to conduct interpersonal communications among young people, especially those who are out-of-school, in order to implement appropriate programmes to address their reproductive health needs. The Fund would also provide financial and technical assistance to the Ministry of Youth, Sport and Child Development to enable it to integrate population and family life education, including HIV/AIDS awareness and prevention and environmental education, into the curriculum of its out-of-school Youth Development Centres located in eight provinces.

46. UNFPA would assist the Ministry of Education in developing population and family life education components, including HIV/AIDS awareness and prevention and gender and environmental concerns, as an integral part of the new curriculum for the primary school system. The Fund would provide financial and technical assistance, inter alia, to help teachers adjust their course plans to accommodate these new topics and produce requisite course materials. The new curriculum, to be launched at the beginning of 1995, is expected to be fully operational in all primary schools by the end of the proposed programme.

47. Most of the activities in the area of population IEC would be executed and implemented by the Ministry of Information and Broadcasting Services through the Zambia Information Service (ZIS) in close collaboration with the Ministry of Agriculture, University of Zambia and relevant NGOs. UNFPA would be the executing agency for the procurement and training components. The Ministry of Youth, Sport and Child Development would implement the youth components. The formal school system component would be implemented by the Ministry of Education. Total support for IEC activities would be $1.4 million, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

48. UNFPA would provide assistance to two activities in the area of data collection and analysis. The first would seek to finish the work of the 1990 Census of Population and Housing by providing resources to complete the processing and analysis of census data, to print and publish reports on census findings and to disseminate the results of the census by the end of 1995. The second activity would provide support to the Demographic Training Unit at the University of Zambia to enable it to carry out research; acquire technical publications, journals and data processing equipment; and conduct seminars, workshops and short courses on special topics for professionals serving in various government and non-governmental institutions.

49. The total amount required for the above activities would be $700,000, of which UNFPA would provide $500,000. The Norwegian Government has expressed interest in assisting with the analysis of the census data, and UNFPA would assist the Government in seeking additional funding from other sources, including multi-bilateral sources. The programme would be implemented by the Central Statistical Office and the University of Zambia.

Population policy formulation

50. UNFPA proposes to provide assistance in the amount of $250,000 to this sector to ensure that within the Government's policy-making bodies and implementing ministries, population activities are fully integrated into organizational structures, routine operating procedures and training initiatives. Such support would provide for technical assistance to help establish the proposed National Population Council or some other coordination mechanism and to strengthen its capacities and those of its supporting bodies. It would also help to train staff in database management, indicator development and programme monitoring. Such a coordinating mechanism would help to ensure that technical inputs on population issues would be considered during the formulation of prospective plans and sectoral strategies and that programming efforts addressing family planning, HIV/AIDS, gender issues, rural development and youth would be coordinated effectively. UNFPA support would also be used to organize meetings, seminars and workshops on technical matters, in particular on setting new national- and district-level population targets in the light of new developments (e.g., the findings of the 1992 Demographic and Health Survey and the implementation of the decentralized district programmes).

Women, population and development

51. UNFPA would provide $550,000 in support, primarily for technical assistance to the NCDP, to develop a policy framework for addressing women, population and development issues and strengthening coordination and collaboration in the implementation of sectoral population activities that affect women. Further technical assistance and funding would be provided to the NCDP and the Central Statistical Office to enhance their capacities in ensuring availability of gender-specific data and research findings to assist the Government in promoting and monitoring the progress of its efforts to advance the status of women. UNFPA would assist the University of Zambia and the Zambia Association for Research and Development in developing a research agenda for undertaking operational socio-cultural research in the target districts concerning the integration of adolescent health and fertility concerns into health services as well as for undertaking studies on the sexual and reproductive behaviour of youth and such related issues as HIV/AIDS. The research agenda would also aim to improve IEC interventions.

Programme coordination

52. The proposed programme would provide assistance for strengthening the capacity of the National Population Council, when it is established, to coordinate the various population programmes and to integrate population factors into the planning process. Before the National Population Council is put in place, the NCDP would foster a process of collaboration among donors and between donors and the Government. The Technical Cooperation Division of the NCDP would also play an active role in ensuring that external inputs are appropriate and effective for the implementation of population programme priorities. Since the Government recognizes UNFPA as the lead agency in population activities, the UNFPA field office would continue to seek to strengthen ongoing and successful collaborative efforts between and among donors, particularly in the area of MCH/FP, and would work to promote programme coordination and joint programme support and to foster complementarity of activities.

Programme monitoring, evaluation and management

53. All country programme activities would have built-in monitoring and evaluation components, and large and innovative projects would be subject to independent and in-depth evaluations at appropriate stages. In addition, all activities would be subject to standard progress reports, monitoring field visits, and tripartite review meetings. In-depth evaluations of the MCH/FP and IEC sectors would be undertaken before the end of 1995. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA Country Support Team located in Harare, Zimbabwe. The programme would be managed by the UNFPA Country Director, under the guidance of the UNFPA Representative.

Financial summary

54. As indicated in paragraph 1 above, UNFPA would provide assistance in the amount of $6.4 million over the three-year period, 1994-1996, of which $4.5 million would be programmed from UNFPA's regular resources. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,000,000	1,500,000	3,500,000
Information, education and communication	1,200,000	200,000	1,400,000
Data collection and analysis	500,000	200,000	700,000
Population policy formulation	250,000	-	250,000
Women, population and development	550,000	-	550,000
Total	4,500,000	1,900,000	6,400,000

V. RECOMMENDATION

The Executive Director recommends that the Executive Board approve the proposed programme for Zambia as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.